UNITED 8	UNITED STATES HOUSE OF REPRESENTATIVES		DELIVERED Form A Form A For Use by Members, Officers, and Employees 2077 MAY TANU DELIVERED For Use by Members, Officers, and Employees 2077 MAY	RED Page 1 of 5
Name:	GWen S. Moore	Daytime Telephone:	hone: 302 935-4572 Williams Who files when 30 days late.	12: 56 The senessed against an wide than 30 days late.
FILER	Member of the U.S. State:	Misconsin/	Officer or Employing Office: Staff Fil Employee Shared	Staff Filer Type: (If Applicable) Shared Principel Assistant
REPORT	2021 Annual (Due: May 18, 2022)	Amendment	Termination Date of Termination:	
RELIMINA	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	HESE QUESTIONS		
A. Did you, you a. Own any r end of the b. Receive m	Did you, your spouse, or your dependent child: Own any reportable easet that was worth more than \$1,000 at the end of the reporting period? org/er/alpha D. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?	Yes No	F. Did you have any reportable agreement or arrangement withan outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No
B. Did you, you exchange any o exceeding \$1,0	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any secunities or reportable real estate in a transaction excessing \$1,000 during the reporting period?	No X	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single source during the reporting period?	Yes No
C. Did you or you honoraria, or pen reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honorarie, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No	Did year, your spouse, or your dependent child receive any reportable travel or inhiburasments for travel totaling more than \$415 in value from a single source during the reporting period?	*
D. Did you, you liability (more t	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No	 Did any individuel or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? 	Yes No
E. Did you hole in the current o	E. Did you hold any reportable positions during the reporting period or in the ourrant calendar year up through the date of filing?	Yas No	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	YOU ANSWER "YES
PO AND E	EXCLUSION OF SPOUSE, DEPENDENT,	NT, OR TRUST INFORMATION	ORMATION - ANSWER EACH OF THESE QUESTIONS	ESTIONS
IPO - Did you ; contact the Con	PO-Did you purchase any shares that were ellocated as a part of an incontact the Committee on Ethios for furthor guidence.	iel Public Offering during the	IPO - Did you purchase any shares that were ellocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethios for further guidance.	Yes No
TRUSTS - Deta from this report	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" nee from this report details of such a trust that benefits you, your spouse, or dependent orbid?	nnitiee on Ethics and certain spendent object	d not be disclosed. Have you excluded	Yes A
EXEMPTION -	EXEMPTION - Have you excluded from this report any other assets, "unserned" income, transactions, or liabilities of a spouse or all three tests for exemption? Do not enswer 'yes' unless you have first consulted with the Committee on Ethios.	emed" income, transactions, resulted with the Committee	your dependent child because they meet	*

Use additional sheets if more space is required.

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			环	Les	٦.	Econplet	T	For a detailed decusson of Schadule A requirements please refer to the Instruction bookle.	If you so criticate, you milly indicate that an easet or income source is that of your spouse (SIP) or dependent child (DC), or jointly held with enyone (JT), in the optional column on the far left.	If you report a privately-feeded fund that him Excepted Investment Fund, planes check the "EIF" box.	Explude: Your personal residence, frouting second formes and vession homes (unless lesse was renial second during the respoifing period), and say financial sterest in, or income derived from, a federal refinancial program, inclinding the Thrift Savings Plan.	For an ownshiply interest in a privably-held business that is not publicly traded, socie the name of the business, the neture of its not/villes, and its geographic location in Block A.	For rental and other real property hadd for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For basis and other ceah soccurts, total the enount in sal internet-bearing accounts, if the total is over \$5,000, fist every framed institution where thore is mertificate \$1,000 in trieves-bearing accounts.	the account that suspends the reporting thresholds.	(do not use only later Bymbols). For all IRAs and other rednement plans (such ex	during the year.	projection of income and was a fair matter valve exceeding \$1,000 at the end of the reporting period and (b) any other reportable dealer or source of income	Assets and/or income Sources forth in each most lad to investment
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							gent	P, S, S(part), or E						blank if there are no insusedoro that exceeded \$1,000.	Harman (is (par	If only a portion of an asset was sold, places indicate as	in the reporting period.	purchases (P), suies (S), or exchanges (E)	Traffsaction
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Use additional sheets if more space is required.

NCOM	
Name: GWEN S. MODRE	
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List the source, type, and amount of samed income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	Source (include date of receipt for honoraria)	Туре	Amount
	Kenno Stute	Approved Treshing Fee	\$0,000
Examples:	Bisso of Meritand	Lagislative Pension	618,000
	Own West Recurdinable (Oct. 2)	Spends canads	000714
!	Ontario County Beard of Education	Spouse Salary	NA
State	State of Misconsin	Legislative Pension \$16,472.76	\$16,472.76
		Ú	•

Position

SCHEDULE III - POSITIONS

Raport all positions, compensated or uncompensated, held during the current or prior calendar year do an officer, funded or an organization, parties, propriator, representative, employee, or consultant of any corporation, firm, parties business enterprise, requestion, labor organization, or educational or other hand the United States. Exclude: Positions (set on any religious, social, faternal, or political entities (such as political parties and campaign organizations), and positions solely of an foreign parties.

Name of Organization

Report liabilities of over \$10,000 oregine any one creditor at any diese stating the reporting period by you, jour spouse, or your dependent of period. Members, frembers are required to report at liabilities executed by required property including mortgages on their personal facilities rent if out or applications are a Members, beste secured by automobiles, household furniture, or applications is buildiness in which you pure endured. Apport a resolving charge account (i.e., credit oatd) only if the basic form. "Solution K is for testifies held solely by your spouses or depondent offici.	SCHEDULE D LIABILITIES
your spouss, or you ex on their personal I a business in wild count (i.e., oredit os	Name: GWen S.
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Use additional sheets if more space is required.

SCHEDULE G - GIFTS Report the source (by nems), a brief description, and the value of all gifts totaling more then \$415 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbylist or foreign againt), local meets, and gifts to a spouse or dependent child that are totals independent of his or her relationship to you. Gifts with a value of \$166 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethioe. Mr. Joseph Smith, Adington, VA

Silver Platter (prior determination of personal francishs received from the Committee on Ethics)

Description

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Value

	1/989	Date	Identify the da continuation or employer.	SCHEDU
	State of Misconian Rehierment Plan	Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, a loss continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an en- employer.	SCHEDULE F - AGREEMENTS
	Kelsypto of Remember Benefits/Pension as Determinate by State	Terms of Agreement	Identify the date, parties to, and general terms of any sgreement or arrangement that you have with respect to: future employment, a leave of absence during the period of government services; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.	Name: GWEN S. MODLE Page 5 of 5

Use additional sheets if more space is required.